

Montana's Resource Facilitation Service
Support and education for people living with a brain injury and their families

The Resource Facilitation Service is free public health service for the 10,000 or more Montanans with traumatic brain injury. It provides information and support to help people cope with brain injury. This service does not replace any medical rehabilitation or follow-up that may be necessary after an injury, and it does not provide case management. RFS supports survivors and their families.

How it works

If a brain injury survivor decides to participate in the service, a resource facilitator will call within two weeks after discharge from the hospital, and then again at six, 12, 18 and 24 months. The resource facilitator helps answer questions, troubleshoot problems, connect people with community resources, and educate family members, employers and educators about what it means to live with brain injury.

The person with the brain injury (or the parent, if the survivor is a child) can opt out of the program at any time, or they can extend the program after two years if there is an ongoing need for service.

Anyone living with a brain injury, or a family member who is assisting, can also enroll in the resource facilitation service by calling 800-241-6442, or 541-6442 in Missoula.

After every contact, the resource facilitator follows up with a written letter and additional information. Additional follow-up calls are scheduled as necessary to support the efforts of the survivor or family member to solve a problem.

The Resource Facilitation Service also regularly visits hospitals to educate them about the importance of giving patients the opportunity to sign a release so that they can be enrolled in the RFS and provides hospitals with information to share with patients before discharge.

Why it is important

Without RFS, survivors and family may spend months without the information they need to make decisions and seek services. The lost time can have devastating effects on recovery, family dynamics, and family finances. RFS is the only resource of its kind in Montana, and it is available free of charge for everyone who needs it, for as long as they need it.

The Resource Facilitation Project in Minnesota, upon which Montana's RFS is based, documented these results for resource facilitation:

- A rate of return to work at twice the national average;
- An increased likelihood that children receive appropriate educational supports;
- Increased family support and understanding and decreased family crisis;
- Reduced long-term dependence on public assistance;
- A reduced risk of institutionalization.

The challenge today

Montana's Resource Facilitation Service has just finished its pilot year. RFS is currently provided by one half-time resource facilitator. With 251 RFS enrollees, she is already carrying more than a half-time caseload, and her caseload is growing by an average 10 enrollees per month. Approximately seven out of ten referrals are from hospitals.

The facilitator is supported by a part-time financial officer, a work-study student and volunteers. The program has no administrative staff at this time. Because there is no administrative staff to continue developing relationships with hospitals and encourage referrals to the RFS, hospital participation is inconsistent.

RFS was identified as a critical need for Montana five years ago, in a study conducted by the Department of Public Health and Human Services. The Montana Brain Injury Association and the Montana Department of Public Health and Human Services collaborated to obtain grants to develop the resource facilitation service. RFS is operated by the Montana Brain Injury Association in its Missoula office.

On September 1st, 2006, the federal start-up grant ended and was replaced by a much smaller implementation grant. Today, the half-time resource facilitation service is funded with that grant, with financial support from the Montana Advocacy Program and with charitable contributions. The Association is engaged in a membership drive, and is planning two fundraisers and the 2007 Montana Brain Injury Conference.

The current implementation grant will end on March 31st, 2007. An application for one more year has not yet been approved. If approved, the grant will fund one half time resource facilitator. If the pending grant application is denied, the Brain Injury Association Board of Directors believes that it can sustain the RFS at its current level only through June.

Even if the federal implementation grant is approved, however, the Brain Injury Association believes that RFS is unsustainable at the current staffing level. The RFS caseload will require a full-time facilitator by spring 2007, and an additional full-time facilitator within the following year. In addition, RFS needs administrative staff in order to develop and sustain hospital participation, coordinate with tribal governments, support the growing network of brain injury support groups, and do program development.

In every state that has a resource facilitation service, the service is funded by a state appropriation, fee or special tax. **The Brain Injury Association of Montana believes that this critical public health service deserves to be a fully-staffed and state-funded service in Montana.**

Case Study #: 7

Initial Contact Date: 9/2005

Age: 43

Race: Caucasian

Date of Injury: 1976 (specific date not available)

Cause of Injury: Fall/child abuse and domestic violence

Presenting Concerns:

Joan initially contacted BIAM seeking information for her nephew in California who had sustained a head injury.

Resource Facilitation Service:

During the initial contact, Joan revealed that she herself had received a brain injury. She described the frustration she experiences from living with a brain injury and said that she did not want her nephew to experience it too. While the initial call was concerning her nephew it became obvious that Joan could benefit from the services also. An initial packet of information was sent to Joan that provided general information on brain injury, symptoms, caregivers, and stressors with information for both herself and her nephew. There have been a total of 5 scheduled follow-up calls and numerous calls where Joan contacted BIAM. The barriers addressed by the RFS include:

- Single parent needs/demands
- Self care
- SSI application/appeals
- Medical diagnosis/staff

Outcome:

Joan is now receiving disability funds (back payment sum received with initial monthly payment June '06) and medical coverage of appropriate physicians and services for TBI. During the most recent contact Joan appeared less stressed and was able to laugh with her son, when he playfully locked her out of the house, where as before [she stated] she would have lost her temper.

Summary of RF services:

- Intensive contact/work with Joan over a period of three months (Sept. – Nov.) resulting in the successful outcome
- 6-month follow-up call documenting progress individual made and current barriers
- 12-month follow-up call schedule

Case Study #: 8

Initial Contact Date: 5/2006 (fax)

Age: 3

Race: Caucasian

Date of Injury: 4/2006

Cause of Injury: 100 pound gun safe pulled onto head

Presenting Concerns:

Parents were informed that their son, John, may experience developmental delays that will present when John enters school.

Resource Facilitation Service:

Parents were referred to RFS by hospital. Father stated that "John is acting like his old self again." There is some difficulty with John's sisters (10 year old twins) understanding the time and attention going towards John. Initial packet was mailed along with information on sibling relationships and a child development center.

Two weeks later mother called with questions on the SSI information she had received in the packet. She wondered about the application for SSI and if it was necessary. I explained the application process and the decision being based not only on John's disability but also on the parent's income. At this point mom is back to work full time while dad is working one day a week in order to watch John the remaining days. The doctor said that he doesn't want John to hit his head during the next year and that he needs to be supervised at all times. John does have a helmet to wear and may be wearing it for the next year as he is a typical 3 year old and often bumps into things. John's parents are nervous about sending him to a daycare facility at this point as he will not receive the level of supervision that is needed. John is scheduled to see a pediatric specialist for additional detail on precautions and post injury care.

The sisters are still having a hard time accepting the new limits on their play time with their brother. Additional information is being sent ("I am Brainy" packet) to assist with this process.

Outcome:

Family chose to have continued contact with RFS. Call scheduled.

Summary of RF services:

- Ongoing RFS
- Informational support
- STEP referral

Case Study #: 10

Initial Contact Date: 9/2005

Age: 38

Race: American Indian

Date of Injury: 2002

Cause of Injury: Tumor

Presenting Concerns:

John initially contacted BIAM seeking information on angiography.

Resource Facilitation Service:

During the initial contact John revealed that his wife was experiencing severe stress and he was concerned for her health. John has begun experiencing migraines, increased tremors, anxiety, blackouts, dizziness, and his vision is worsening. He recently received a black eye when he blacked out and fell in the bathroom. John stated that the physician at Indian Health Services does not seem concerned about blackouts getting worse.

Over the next four months the RFS facilitator worked with John and his physicians concerning the surgeon's standing order for MRI's every 90 days. With no resolution, John and his wife continued to struggle with IHS until June 2006. In mid-July John's symptoms had become unbearable at which point he contacted his RFS facilitator for advocacy on his behalf. The facilitator spoke with a visiting physician who ordered two MRI's (back and head). The facilitator followed up to verify approval.

The barriers addressed by the RFS include:

- Access to Medical Care
- Self care
- In-home care
- Medical diagnosis/staff
- Housing
- Transportation
- Family/Relationships

Outcome:

John had two MRI's on August 1st. RFS made follow up calls for the next four months and recently renewed contact with the family. RFS is now assessing barriers to services that John needs.

Summary of RF services:

- Intensive contact/work with John over the past 10 months
- Self-Advocacy
- Support to family members
- Ongoing RFS

Case Study: December 2006

Initial Contact Date: 10/2006

Age: 37

Race: Caucasian

Date of Injury: 9/1992

Cause of Injury: Equestrian

Presenting Concerns:

Joan contacted BIAM seeking information on support groups for individuals who experience seizures. The initial call was 45 minutes long during which the resource facilitator conducted an intake interview.

Resource Facilitation Service:

During the initial conversation the resource facilitator listened to Joan and asked questions that assisted Joan in identifying her current needs. While Joan contacted BIAM with a specific need, support groups, there were additional elements that would benefit from the resource facilitation service. These included:

- Communication
- Children
- Husband
- School
- Work

Joan was mailed an initial packet, personalized letter, and several informative brochures (see copy of letter; attached).

Joan was recently contacted for a follow-up call. She stated that after the initial call she hung up not sure if the information she would receive would pertain to her. However, when the packet arrived and she read through the brochures Joan said that she sat and cried. Joan said, "Someone finally understood what she was saying." Joan has shared the information with her family members and has received only mild support from them. The resource facilitator has offered to speak with Joan's support network but at this time no meeting has been scheduled.

Joan is working with Vocational Rehabilitation while attending school. Joan will complete her course work the end of January and has asked the facilitator to assist her in preparing a plan to present to her vocational counselor. This will include practicing the presentation and preparing responses to possible questions posed by the counselor.

Joan is also working with
Montana Advocacy Center (improper firing due to violation of confidentiality)
Speech Therapist (memory, word selection, and communication)
Licensed Clinical Social Worker (counseling)

Outcome:

Joan has expressed a feeling of relief at being understood. Joan is receiving support from several agencies and is being given the tools to self advocate for her future.

Summary of RF services:

- Written information packets/brochures
- Practical support for planning, practicing, evaluating, and modifying
- Neutral meeting ground
- Ongoing support to her and family

DECEMBER 2006 RESOURCE FACILITATION SERVICE QUERY INFORMATIONTotal database 1811

- Database excluding Legislators 1659

Total Survivors 576

- Male 328
- Female 248

Survivor Contacts

- Survivors participating with BIAM within 3 months of injury (Oct '05 – Dec '06) 172
- RFS referrals from hospitals (Dec '06) 7
 - Benefis Health Care 0
 - Bridges 0
 - Community Medical Center 0
 - Deaconess 1
 - St. Patrick Hospital 2
 - St. Vincent Health Care 4
- RFS referrals from hospitals (Jan. '06 – Dec '06) 141

Individuals currently receiving RFS services (Dec '06) 251

- RFS participants (Oct '05 – Dec '06) 281

Causes of BI in Females (some survivors have more than one injury/cause)

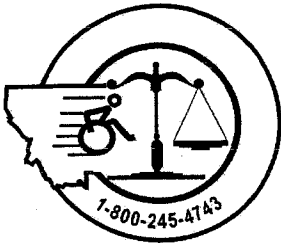
<u>9</u> Aneurysm (ANRSM)	<u>82</u> Motor Vehicle (MVA)
<u>1</u> Anoxia (AN)	<u>4</u> Motor Vehicle (MO)
<u>5</u> Assault (AS)	<u>17</u> Other (O)
<u>6</u> Bicycle (BI)	<u>3</u> Pedestrian (PE)
<u>11</u> Domestic Abuse (DA)	<u> </u> Shaken Baby Syndrome (SBS)
<u>11</u> Equestrian (EQU)	<u>1</u> Skiing (SKI)
<u> </u> Explosion (EXPLO)	<u>10</u> Sports/Rec (SP)
<u>27</u> Fall (FA)	<u>14</u> Stroke (ST)
<u>1</u> Gunshot (GU)	<u>3</u> Suicide Attempt (SA)
<u> </u> Logging (LOG)	<u>2</u> Tumor (TU)
<u>1</u> Mechanical Insult (MECH)	<u>22</u> Unknown (UN)
<u>4</u> Medical Disease (ME)	<u>5</u> Unreachable (UNR)
<u> </u> Meth Use (METH)	<u> </u> War Related (WR)

Causes of BI in Males (some survivors have more than one injury/cause)

<u>5</u>	Aneurysm (ANRSM)	<u>94</u>	Motor Vehicle (MVA)
<u> </u>	Anoxia (AN)	<u>18</u>	Motor Vehicle (MO)
<u>17</u>	Assault (AS)	<u>26</u>	Other (O)
<u>9</u>	Bicycle (BI)	<u>14</u>	Pedestrian (PE)
<u>1</u>	Domestic Abuse (DA)	<u> </u>	Shaken Baby Syndrome (SBS)
<u>8</u>	Equestrian (EQU)	<u>3</u>	Skiing (SKI)
<u> </u>	Explosion (EXPLO)	<u>22</u>	Sports/Rec (SP)
<u>40</u>	Fall (FA)	<u>8</u>	Stroke (ST)
<u>2</u>	Gunshot (GU)	<u>2</u>	Suicide Attempt (SA)
<u>2</u>	Logging (LOG)	<u>3</u>	Tumor (TU)
<u>15</u>	Mechanical Insult (MECH)	<u>15</u>	Unknown (UN)
<u>4</u>	Medical Disease (ME)	<u>12</u>	Unreachable (UNR)
<u>1</u>	Meth Use (METH)	<u> </u>	War Related (WR)

Race

<u>1</u>	African American (AA)
<u>2</u>	Asian Specific (AP)
<u>419</u>	Caucasian/Non-Hispanic (C)
<u>5</u>	Chicano/Latino (Hispanic) (H)
<u>64</u>	Native American (NA)
<u>3</u>	Other (O)
<u>79</u>	Unknown (UN)
<u>3</u>	Unreachable (UNR)



MONTANA ADVOCACY PROGRAM, INC.

The Civil Rights Protection & Advocacy System for the State of Montana

Main Office

400 North Park Avenue
P.O. Box 1681
Helena, Montana 59624
406-449-2344 Voice/TDD
406-449-2418 FAX
E-mail:
advocate@mtadv.org

Visit us on the web at:
www.mtadv.org

Missoula Office

1280 S. 3rd Street West
Suite 4
Missoula, Montana 59801
406-541-4357 Voice/TDD
406-541-4360 FAX

Executive Director

Bernadette Franks-Ongoy
Esquire

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Great Falls

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Helena

Susie McIntyre
Advisory Council Chair
Great Falls

January 25, 2007

The Hon. Edith Clark, Chair
Joint Appropriations Subcommittee for Health and Human Services

RE: \$300,000 appropriation request to fund for Resource Facilitation Service for brain injury survivors

Dear Rep. Clark and Members of the Committee:

The Montana Advocacy urges your support of the request of the Brain Injury Association of Montana for a line item appropriation in HB 2 to fully fund the Resource Facilitation Service ["RFS"].

As an advocacy program, MAP is impressed with the RFS model of supporting individuals and families in their efforts to help themselves. We believe that RFS can be the foundation of system of services for people with brain injuries that Montana needs to begin developing to meet the growing need. The prompt, practical assistance of RFS can prevent much more costly crises, family breakdown, and job loss. RFS is also a cost-effective response to providing services in a largely rural state.

The resource facilitation service is hobbling along right now, with very limited funding. Much work remains to be done in developing the resource database, and above all in cultivating relationships with Montana's hospitals so that providing referrals to RFS becomes routine. But RFS has survived its first year, has a skilled facilitator and provides dependable service.

The greatest asset that RFS has is the Brain Injury Association itself. This 20-year-old grassroots organization of survivors, their families and their friends is fiercely devoted to the BIAM's mission of education, prevention and support. Their five year collaboration with the Department and the Montana Center on Disabilities to increase support for people with brain injuries was driven by the hard-earned understanding that lives can be rebuilt after brain injury.

Much time, money and hope has been invested in the creation of this promising new service. Please help the community of survivors to continue building on this foundation.

Yours truly,

Anita Roessmann
Anita Roessmann

TOLL FREE 1-800-245-4743

Resource Facilitation Service

Contract Year/Reporting Period 2008	Tot. Budget	Explanation
<p>The Resource Facilitation Service is the BIAM's innovative self-advocacy support service for people living with brain injury and their families.</p> <p>Social Worker -2 FTE @ \$58,656 a year or \$14.10 a hour Administrator/Development Director .5 FTE @ \$15,548 a year or \$14.95 a Work Study Student.25 FTE @ \$2012.40 a year or \$3.87 a hour Financial Officer .25 FTE @ \$7,540 a year or \$14.50 a hour Personnel Total</p>	<p>58,656.00 15,548.00 2,012.40 7,540.00 83,756.40</p>	
<p>Fringe Benefits</p> <p>FICA (7.65%) Unemployment (.25%) Retirement (6.9%) Insurance (Health, Dental, Life) \$366 per month per FTE Worker's Compensation (.34%) Sick Leave (1.0%) Vacation Leave (2.0%) Fringe Benefits Total</p>	<p>6,253.42 204.36 5,640.34 10,980.00 277.93 817.44 1,634.88 25,808.37</p>	<p>The fringe benefits do not include the Work Study Student. The University of MT covers those expenses.</p> <p>Health Insurance is only provided to employees who work half time (.5 FTE) or more.</p>
<p>Travel Total</p>	<p>13,000.00</p>	<p>Travel expenses for 09/01/2005 to 08/31/2006 were \$5972.22. We have asked for a \$10,000.00 budget in year 1 to help expand the RFS program. The travel would need to increase in Year 2, as the RFS program provides support to clients and continues to expand. Plus, we are increasing the staff to 2 Full Time Social Workers.</p>
<p>Equipment Total</p>	<p>2,623.35</p>	<p>We currently have enough computers to handle the increase FTE, but the computers by year 2 will be almost 4 years old. We should budget for new equipment in case the old breaks down.</p>
<p>Supplies Total</p>	<p>5,000.00</p>	<p>Office Supplies for 09/01/2005 to 08/31/2006 were \$2798.54. With the expansion of the program and additional staff, the budget would need to increase by \$1500.00 from year 1.</p>
<p>Printing</p>	<p>15,000.00</p>	<p>Printing for 09/01/2005 to 08/31/2006 was \$7628.70. With the expansion of the program and additional staff, the budget would need to increase by \$5000.00 from year 1</p>
<p>Copier Lease</p>	<p>720.00</p>	<p>\$60.00 a month.</p>

Resource Facilitation Service

Contract Year/Reporting Period 2008	Tot. Budget	Explanation
Telephone charges including long distance	7,200.00	The phone charges with 2 FTE Social Worker would average \$600.00 a month.
Web Site Development and maintenance	500.00	Web expenses for 09/01/2005 to 08/31/2006 was \$397.10.
Web Site Hosting	371.88	Currently, Web hosting is \$30.99 a month and the DSL charge is \$36.37 a month.
Office Space @ \$1,000 a month	12,000.00	With the addition of another full time Social Worker, we would need a larger office.
Board of Directors Expenses	1,600.00	Averaging \$400.00 per quarterly board meeting. This includes facility and equipment rental, food for the board and additional travel costs.
Postage and Delivery	1,500.00	Postage expenses for 09/01/2005 to 08/31/2006 were \$550.88. With the expansion of the program and additional staff, the budget would need to increase by \$500.00 from year 1.
Advertising	2,000.00	Advertising expenses for 09/01/2005 to 08/31/2005 were \$1050.60. With the expansion of the program and additional staff, the budget would need to increase by \$500.00 from year 1.
Membership Dues	5,000.00	BIA membership dues for 2006 were \$3246.72. It will increase in 2008.
Insurance	1,500.00	Liability insurance is \$44.75 a month and Board of Directors insurance is \$945.00 annually.
Other Total	47,391.88	
Brain Injury Association Total	177,580.00	